

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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50						
TOTAL IND.	3					
TOTAL DEP.	76	←	←	←		
TOTAL CLAIMS	19	██████	██████	██████	██████	██████

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		██████	██████	██████	██████	██████